

GEORGINA FERAL CAT COMMITTEE APPLICATION TO ADOPT

THANK YOU for opening your heart and home! We will contact you as soon as possible. Please be patient - we are volunteer run and have full time jobs and lives outside of rescue.

PERSONAL INFORMATION:

Full	Name: Age:				
Occupation: Work Phone:					
Hor	me Phone:				
Add	dress City				
Province: Postal Code: Best time/method to reach you:					
PERSONAL HISTORY:					
1.	What size/breed/age of cat would you prefer to adopt?				
2.	Do you have children in the home? Yes: No: If yes, age(s):				
	Have they been taught to handle animals correctly? What type of supervision will your children have while with the po				
3.	Do you have any pets (cats, dogs, other)? Yes: No:				
	If yes, list names, ages, breeds:				
4.	Do you know how to gradually introduce new pets to old? Yes: No: (if not, please discuss)				
5.	. Have you and your family had cats previously? Yes: No:				
6.	What best describes your living situation?				
7.	I own / rent a house / apartment / condo b) live with my parents.				
	If renting, does your landlord/property management company have a pet-friendly policy? Yes: No:				
8.	Is everyone in the household in agreement with adopting? Yes: No:				
9.	How many hours on average would the cat be left unattended? Per Weekday: Per Weekend Day:				
10.). Will you keep the cat inside 100% of the time and be diligent that the cat does not escape? Yes: No:				
11.	. Have you or anyone in your family/household ever been charged or convicted of neglect or cruelty to animals? Yes: No:				
COMMITMENT/HISTORY:					
Adoption of a cat is a lifetime commitment that includes financial responsibility, vet visits, etc.					
1.	Are you prepared for this? Yes: No:				
2.	Do you have any plans to move in the near future? Yes: No:				
3.	For whom are you adopting the cat? Self: Gift for (describe):				
4.	Under what circumstances would you need to give up your cat?				
Allergies: Aggression: Cat Illness: Clawing Furniture: Litter Box Issues: Pet Conflict:					
Divorce: New Relationship: New Baby: High Cost of Care: Shedding:					
5. Have you ever surrendered or re-homed a pet before? Yes: No:					
If y	es, explain circumstances:				
6. Have you ever had to euthanize a pet before? Yes: No:					
If y	es, explain circumstances:				
7. Have you ever had a cat declawed before? Yes: No:					

8. Problems you are willing to w	ork with your cat on:				
BEHAVIOURAL: Litter box issues:	Furniture scratching:	SOCIALIZATION: Fearful:	Shy: Nervous:		
I am not willing to work on any pr	oblems: I need more info	ormation to decide:			
9. If you have any difficulties wi	. If you have any difficulties with the cat's behaviour, who will you call for advice?				
10. If you must give up the cat, what would you do?					
11. What will you do with your cat when you go on vacation?					
12. Does anyone in your family h	Does anyone in your family have allergies/asthma? Yes No				
13. What will you do with your ca	at if someone developed allergie	es?			
REFERENCES					
VETERINARIAN: (Please contact yo	our vet ASAP to give them perm	ission to speak with one of our v	olunteers)		
Veterinarian Name and Phone Nu	mber:		-		
Veterinarian Address:					
Personal Reference (please	contact them in advance so t	hey know we will be calling)			
Name:	Relationship:	Address:	Phone:		
ADOPTION POLICY (Please rea and procedures)	d and initial each item to de	monstrate agreement and un	derstanding of our policies		
	I understand that my application for a specific cat is no guarantee of approval for that cat. Applications are not reviewed				
	based on first come first served basis. Georgina Feral Cat Committee takes into account the best interests of the cat				
If the cat is on medica	If the cat is on medication when received, I will continue the medication as directed.				
I will not let the cat ou	I will not let the cat outside.				
I will not declaw the ca	I will not declaw the cat.				
I will not rehome the o	I will not rehome the cat without contacting Georgina Feral Cat Committee in advance.				
In the event the cat ac	In the event the cat adopted is not already spayed/neutered, as in the case where it is still too young, I agree to follow				
up with the spaying/ne	up with the spaying/neutering as soon as it is old enough. The adoption fee covers the cost for this surgery as long as the arrangements are made with Georgina Feral Cat Committee, and their veterinarian, in advance.				
DECLARATION: I receive the animal(s) at my own risk Feral Cat Committee free and harmle kind and description which may occur of this agreement. I release Georgina from the foster animal. By submitting the policy as outlined above.	ss from all liability arising out of any r to or be suffered by me, members Feral Cat Committee from responsi	y and all claims, demands, losses, da of my household, or any third parti- ibility for any diseases that may be c	mages, action, judgment of every es by reason of activities arising out ontracted by my resident animal(s)		
Name (print):	Signature:	Date:			

To submit this application: Scan and e-mail it to: georginacatcommittee@gmail.com
Or mail the hard copy to: GFCC, 23 Pete's Lane, Pefferlaw, ON LOE 1NO
If you have any questions, you can reach us by e-mail at: georginacatcommittee@gmail.com
or Facebook messenger: Facebook.com/GeorginaFeralCatCommittee